

**BEST AVAILABLE COPY**

<b>MULTIPLE DEFENDANT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)</b>						SERIAL NO. <b>10/550351</b>	FILING DATE						
						APPLICANT(S)							
<b>CLAIMS</b>													
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/	/	/	/	/	51						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	/	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	3	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	4						TOTAL CLAIMS						